



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

INTEGRA SPECIALTY GROUP PA
8108 FOX CREEK TRAIL
DALLAS TX 75249

Respondent Name

ZURICH AMERICAN INSURANCE CO

Carrier's Austin Representative Box

#19

MFDR Tracking Number

M4-07-0984-01

MFDR Date Received

October 12, 2006

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary per the Request for Reconsideration dated July 26, 2006: "...The carrier pre-authorized twelve sessions of physical therapy (PA # 060322-053210 letter dated 3/22/06) from 3/22/06 until 5/22/06. Treatment services were performed, but CPT charges from the dates of service of 3/24/06...and 4/19/06 remain unpaid...The treatment procedures were properly documented with adequate support, including the exercise time and the patient's medical needs, and the billings of treatment procedures were not global. The carrier failed to provide the original response EOB,s for the outstanding dates of service of 4/02/06, 4/12/06, 4/14/06, 4/17/06, and 4/27/06."

Amount in Dispute: \$2,648.05

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary dated November 8, 2006: "For the December 30, 2005 date of service, the requestor failed to timely submit its bill for services rendered. ...For the remaining dates of service, the carrier challenges whether the requestor has provided sufficient documentation to substantiate the services provided. Further, the carrier notes that many of the services underlying the disputed charges are considered global to other services already billed, and reimbursed, for the same dates of service."

Respondent's Supplemental Position Summary dated December 6, 2006: "...Carrier maintains its position as outlined in the original response."

Responses Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
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December 30, 2005 April 2, 2006	99080-73	\$30.00	\$30.00
February 14, 2006 April 27, 2006	99212	\$97.98	\$97.98
March 24, 2006	95831, 95832, 97032, 97110	\$287.41	\$213.15
March 29, 2006	97032, 97110, 97140	\$146.84	\$146.84
March 31, 2006	97032, 97035, 97110, 97140	\$126.32	\$126.32
March 27, 2006 April 3, 5, 7, 10, 19, 2006	97032, 97035, 97110, 97140	\$974.52	\$974.52
April 12, 14, 17, 2006	97032, 97035, 97110, 97140, 97112, 99213	\$984.98	\$984.98
Total Due			\$2,573.79

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307, sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §102.3(a), defines computation of time.
3. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Section 413.031(c) states, "In resolving disputes over the amount of payment due for services determined to be medically necessary and appropriate for treatment of a compensable injury, the role of the division is to adjudicate the payment given the relevant statutory provisions and commissioner rules.
6. Texas Administrative Code §134.202 effective for professional medical services provided on or after August 1, 2003 sets out the fee guidelines.
7. 28 Texas Administrative Code §129.5 entitled Work Status Report amended to be effective July 16, 2000.
8. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- 29 – the time limit for filing has expired
- 42 – charges exceed our fee schedule or maximum allowable amount
- 790 – this charge was reduced in accordance to the Texas Medical fee guideline
- 151 – payment adjusted because the payer deems the information submitted does not support this many services
- 213 – the charge exceeds the scheduled value and/or parameters that would appear reasonable
- 97 – payment is included in the allowance for another service/procedure
- 217 – the value of this procedure is included in the value of another procedure performed on this date

Issues

1. What is the timely filing deadline applicable to the medical bill for the disputed date of December 30, 2005?
2. Did the requestor comply with 28 Texas Administrative Code §133.307(e)(2)(B)?
3. Did the respondent comply with 28 Texas Administrative Code §133.307(e)(3)(B)?
4. Did the requestor document the services rendered?
5. Is the requestor entitled to additional reimbursement?

Findings

1. Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for

payment.”

28 Texas Administrative Code §102.4(h) states that “Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday.”

Review of the submitted information finds that the insurance carrier’s received date on the explanation of benefits is April 11, 2006. This date minus five days is April 6, 2006.

28 Texas Administrative Code §102.3(a) states “Due dates and time periods under this Act shall be computed as follows: (1) Computing a period of days. In counting a period of time measured by days, the first day is excluded and the last day is included. (3) Unless otherwise specified, if the last day of any period is not a working day, the period is extended to include the next day that is a working day. (b) A working day is any day, Monday-Friday, other than a national holiday as defined by Texas Government Code, §662.003(a) and the Friday after Thanksgiving Day, December 24th and December 26th. Use in this title of the term "day," rather than "working day" shall mean a calendar day.

The DWC-73 was billed on Friday, December 30, 2005. The next working day was Monday, January 2, 2006. 95 days after the date of service is April 6, 2006. Therefore, the December 30, 2005 medical bill in this dispute is timely. This date of service will be reviewed per the applicable division rules and fee guidelines.

2. Neither the requestor nor the respondent submitted explanations of benefits (EOBs) with this medical fee dispute for disputed dates of service April 2, 12, 14, 17 and 27, 2006. The requestor submitted convincing evidence of carrier receipt of the provider request for EOBs in accordance with 133.307(e)(2)(B). The Division concludes that the requestor has met the requirements of 28 Texas Administrative Code §133.307(e)(2)(B).
3. 28 Texas Administrative Code §133.307(e)(3)(B) further states that the respondent shall provide any missing information required on the form, including absent EOBs not submitted by the requestor with the request. The respondent did not submit the missing EOBs with their response. The Division concludes that the respondent has not met the requirements of 28 Texas Administrative Code §133.307(e)(3)(B). Therefore, this review will be conducted per the applicable division rules and fee guidelines.
4. The requestor submitted medical documentation to support the services rendered as billed. Correct coding initiative (CCI) edits were performed and results reveal no edit conflicts exist between CPT codes 97110, 97032, 97112, 95832, and 95831 billed on date of service March 24, 2006. CCI edits reveal no edit conflicts exist between CPT codes 97032, 97035, 97110, and 97140 billed on March 27 and 31 2006 and on April 3, 5, 7, 10, and 19, 2006. CCI edits reveal no edit conflicts exist between CPT codes 99213, 97112, 97110, 97140, 97032, and 97035 billed on dates of service April 12, 14 and 17, 2006.
5. Reimbursement is recommended in accordance to §134.202(b) which states, “for coding, billing, reporting and reimbursement of professional medical services, Texas Workers’ Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing and reporting payment policies in effect on the date a service is provided with any additions or exceptions in this section.” The maximum allowable reimbursement (MAR) is determined by locality. Box 32 on the CMS-1500 indicates zip code 75050 which is located in Tarrant County.

28 Texas Administrative Code §134.202(c)(1) states, “To determine the maximum allowable reimbursement (MAR) for professional services system participants shall apply the Medicare payment policies with the following modifications: ‘for service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Surgery, Radiology, and Pathology the conversion factor to be used for determining reimbursement in the Texas workers’ compensation system is the effective conversion factor adopted by CMS multiplied by 125%.”

The MAR for CPT code 97032 is $\$16.40 \times 125\% = \20.50 each unit x two units = $\$41.00 \times 12$ days = $\$492.00$

The MAR for CPT code 97035 is $\$12.46 \times 125\% = \15.58 each unit x 1 unit x 10 days = $\$155.80$

The MAR for CPT code 97110 is $\$28.88 \times 125\% = \36.10 each unit x 28 units = $\$1010.80$.

The MAR for CPT code 97112 is $\$30.09 \times 125\% = \37.61 each unit x 1 unit x 3 days = $\$112.83$

The MAR for CPT code 97140 is $\$26.91 \times 125\% = \33.64 each unit x 1 unit x 11 days = $\$370.04$

The MAR for CPT code 99213 is $\$54.60 \times 125\% = \68.25 . The requestor is seeking $\$68.13 \times 3$ days = $\$204.39$; this amount is recommended per 28 TAC §134.202(d).

The MAR for CPT code 99212 is $\$40.15 \times 125\% = \50.19 . The requestor is seeking $\$48.99 \times 2$ days = $\$97.98$; this amount is recommended per 28 TAC §134.202(d).

The MAR for CPT code 95831 (limb muscle testing) is $\$29.62 \times 125\% = \37.03 . The requestor billed four units; the respondent paid one unit. Documentation supports two units and this CPT code is not global to any

other service billed on the same day. Recommend additional reimbursement of \$37.03.

The MAR for CPT code 95832 (hand muscle testing) is $\$25.17 \times 125\% = \31.46 . The requestor billed two units which is supported by documentation and is not global to any other service billed on the same day. Recommend reimbursement of $\$31.46 \times 2 \text{ units} = \62.92 .

The requestor billed CPT code 99080-73 on December 30, 2005 and April 2, 2006. Neither party submitted an EOB for the April 2, 2006 report. 28 Texas Administrative Code §129.5 states reimbursement for the work status report is \$15.00. This amount is recommended $\times 2 \text{ dates of service} = \30.00 .

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$ 2,573.79

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$2,573.79 plus applicable accrued interest per 28 Texas Administrative Code §134.803, due within 30 days of receipt of this Order.

Authorized Signature

		February, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.